WICAB INC MC-Madison Main

> PATENT Attorney Docket No.: WICAB-10943

## DECLARATION FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name. I believe I am an/the original, first and/or joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled Tactile Input System, the specification of which was filed on 04/24/2008 as Application Serial No. 10/577,282. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to

I acknowledge the duty to disclose information, which is material to the patentability of this application as defined in Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or 365(b), of any foreign application(s) for patent or inventor's certificate(s), or 365(a) of any PCT international application, which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent, or inventor's certificate, or any PCT International application having a filing date before that of the application on which priority is claimed:

US2004/035305	PCT	22 October 2004	Yes		
Number	Number Country		d Priority Claimed		
I hereby claim the benefit under Titl below and, insofar as the subject m application in the manner provided disclose material information as def of the prior application and the natio	atter of each of the claims of the first paragraph of Tit ined in Title 37, Code of Fe	of this application is not disclor le 35, United States Code, § 1 deral Regulations, § 1.58(a), t	sed in the prior United States 12. I acknowledge the duty to		
60/531,915	22 Octo	ber 2003	Pending		
Application Serial No.	Filing	Date Po	Patented; Pending, or Abandoned		
I hereby declare that all statements and belief are believed to be true; a and the like so made are punishable that such willful false statements materials. Full Name of Sole or First Inventor	nd further, that these stater by fine or imprisonment o by jeopardize the validity of	nents were made with the kno r both, under 6 1001 of Title 16	wiedge that willful false statements		
nventor's Signature:		Date:			
Residence: 3532 Blackhawk Drive Post Office Address: 3532 Blackh	e, Madison, WI 53705 awk Drive, Madison, WI	Citizer	nship: <u>United States</u>		
Full Name of Second Joint Inventor Inventor's Signature: Residence: 6744 Ramsey Road. I Post Office Address; 6744 Ramse	Middleton, WI 53562	Date: Citizen	United States		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION Supplemental Sheet** For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor

Enter Deceased or Incapacitated Inventor's Name	Page	01	<u>.L</u> ,						
Name of Land Barrers All		Mu							
Name of Legal Representative:	tition has been filed for this non-signing legal representative								
Given Name (first and middle (if any))	Family Name or Surname								
JUANA ESTHER	BACH -Y-RITA								
Legal Representative a Cottlew Bulk	A	Date 6-4-07							
Residence: City 3532 Blackberry Orive	WI Co	Citizenship U.S							
Mailing Address 3532 Blackhank Drise Martin									
Mailing Address			·						
City Madisen	State L	zip 53705	Country	nsH	,				
Name of Additional Legal Representative, if an	A petition has been filed for this non-signing legal representative								
Given Name (first and middle (if any))	Family Name or Surname								
Legal Representative's Signature									
Residence: City Stat		8	Country Citizensh		ılp				
Mailing Address									
Mailing Address									
State		8	Zip	Country	Country				
Name of Additional Legal Representative, if any:									
Given Name (first and middle (if any))		Family Name or Surname							
Legal Representative's Signature	Date								
Residence: City State		<del>)</del>	Country	untry Citizenship					
Mailing Address									
Mailing Address									
City	State	1	Zlp	Country					

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.84(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Child Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1460.